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President's Address.

Read before the N. E. K. M. & P. Association at Netawaka, Kansas, December 13, 1892,

By P. R. MOORE, M.D., Effingham, Kansas.

Gentlemen: It is evident that our society is determined to adhere to the time-honored custom of demanding an address from each of its presidents at either the beginning or expiration of his term of office.

Quackery, nostrums, medical legislation, sanitation and a host of other subjects of equal interest to us are subjects any one of which might be made the basis of a lengthy address, but I remember hearing our worthy brother Dr. Sheldon once say that in a medical society a presidential address, unless strictly on a medical subject, was, to say the least, uninteresting, and I am confident we all share in that opinion. I hope, therefore, you will pardon me for dodging the issue; and instead of attempting an address, occupying the time allotted to me in considering a subject that has been characterized by some writers in our current medical literature as being already worn threadbare.

Inflammation of the parts contained within the right iliac fossa and known as apendicitis, typhlitis and perityphlitis have for a few years received a great deal of thoughtful attention from the medical profession, more especially from the surgeon.

Taking into consideration the fact that the cæcum is in almost all instances completely surrounded by the ileo cæcal valve to its apex, and that the vermiform appendix in its normal condition is also completely surrounded by peritoneum and has a distinct mesentery of its own, which affords attachment to the under layer of the mesentery of the ilium, it is evident that an inflammation or perforation, occurring in either the one or the other, must necessarily involve the adjacent structures to a greater or less extent, producing the complication known as perityphlitis.

The symptoms by which we differentiate the one from the other and gain a fair intimation of which organ is the seat of primary lesion depends upon the anatomical relation of the parts involved. The deep-seated position of the appendix, and its location behind the cæcum and below the mesentery of the ilium, places it where an abscess may form in it and continue for some time without the formation of a tumor in the right iliac fossa. Such an abscess may take its course toward the pelvis, and only be recognized by rectal exploration.

On the other hand, the cæcum, when distended, comes in contact with the anterior abdominal wall. It is comparatively superficial. Bound to the iliac fascia by means of peritoneum and connective tissue, making it apparent that an abscess forming in it would not be long in producing a tumor perceptible to the most casual observer.

While as a rule those rapidly fatal cases, which occur without preliminary symptoms sufficient to attract the attention, are found to originate in the appendix; and those which are of a more chronic nature, characterized by premonitory symptoms and early tumefaction in the right iliac fossa, have their beginning in the cæcum. Exceptions are not infrequent, and it often happens that the starting point is only revealed, if revealed at all, by an autopsy.

Different cases of typhlitis present a wide range in the severity of their symptoms and the rapidity of their course.

An acute attack may commence abruptly with a chill, which is soon followed by fever. Pain may be severe over the cæcum, or it may radiate over the abdomen for the first

few hours and then localize itself in the right iliac fossa, becoming extreme. Constipation may or may not exist, or it may come on later in the disease, very markedly simulating acute intestinal obstruction. When this is the case it is likely that it is caused from pressure by the thickened appendix upon the ilium from below and behind. The decubitus of the patient is characteristic. He will lie on his side with the thighs flexed in order to relax the abdominal muscles, or he will lie partially on his back with the head and shoulders bent toward the affected side, the left knee drawn up so as to support the covering, the right thigh flexed and lying flat on the bed. The first position is that assumed in those cases where the excess of inflammatory action is in the appendix, and the latter in those cases where the cæcum and its peritoneum are involved. Vomiting is often a persistent accompaniment. The pulse and temperature both increase in proportion to the severity of the disease very often, but not always. A tumor can be found in the right iliac fossa with decided tenderness of the overlying structures. Unless stayed in its onward march by the strong hand of science the evidence of grave disease increases. Hiccough comes on, the temperature rises, the pulse quickens, general peritonitis is recognized, and fatal collapse closes the scene.

In the majority of cases, however, we have a milder form of the disease, the actual attack being preceded by premonitory symptoms, such as irregular bowel function and intermittent pain for a variable period; tumefaction in the right iliac fossa, at first resonant, but later dull on percussion; then the symptoms, as noted above, characterizing the acute form, may appear gradually, in many cases being modified by extravasation of intestinal contents into the connective tissue extra peritoneal, producing suppuration, which may seek an outlet in different directions, the direction being determined by the anatomical peculiarities of the locality, or adhesions having formed, the intestinal contents may escape into a shut-off portion of the peritoneal cavity or into some adjacent organ, adding to the other symptoms those of connective tissue suppuration.

The treatment of these cases should be tempered in proportion to the severity of the attack. The saline treatment has its advocates for those cases in which there are premonitory symptoms, but I believe by their increasing peristaltic action and irritating the bowel to spasmodic action they are liable to do more harm than good. A light, easily-digested diet, with flushing of the bowel with warm water and the application of mild counter-irritants over the seat of pain, will do all that can be done to ward off an attack. After the onset of the disease, opium in sufficient quantity to relieve pain, warm-water injections, hot fomentations to the seat of pain, a properly-regulated diet and absolute rest in bed will secure for the patient all the chance of recovery by resolution that is to be derived from medication. If in spite of our best efforts the inflammatory process goes on to suppuration, as shown by fluctuation or other symptoms, the only recourse left is the knife. In those cases, characterized by a sudden onset of grave symptoms and in which we elicit the greatest amount of pain by the finger-tip pressure at the McBurney point, the chances are that we have to deal with an appendicitis. The diagnosis being reasonably clear, operative procedure for the removal of the vermiform appendix should at once be instituted. Should there be a lighting up of general peritonitis or should collapse from an internal rupture of the abscess come on, laparotomy is the only procedure that offers any hope.

I am convinced that often medicinal measures are carried too far and surgical interference delayed too long. It is not enough for the doctor to fill one side of his saddle bags with opium, the other with salts, and let these with fomentations constitute his armamentarium for combating this disease. While it may be easy to make a proper diagnosis of the case, it is by no means easy to diagnose the stage of the disease. He should therefore be ready for any emergency, and quick to act.

In connection with this article, which is

not intended to be thoroughly comprehensive of the subject, I make the following report of a case:

Mrs. N., a married lady, aged twenty-eight years, and the mother of five children. First complained on November 3, 1892, of feeling, as she expressed it, out of sorts; not sick, but had an undefinable ill feeling, still was able to attend to her household duties all day. On the morning of the 4th of November she was taken very suddenly with a severe chill and excruciating pain all through the abdomen and upper part of the body. The chill lasted about three hours. As it subsided, the pain began to localize itself in the right side of the abdomen. The attending physician diagnosed her case as one of congestion of the liver and bowels. Her temperature the first day reached 103½, and for fourteen days fluctuated between this and 101½. On November 7th, the fourth day of her sickness the patient called the doctor's attention to a "lump" in her side which was extremely painful and sore. After an examination of the parts the doctor gave it as his opinion that "the lump" wouldn't amount to anything, but would take care of itself "as soon as the liver was straightened up," and, ordering a poultice, he paid no further attention to it. She remained under the doctor's care until the evening of November 16th, he giving assurances daily to both patient and friends that she was improving and would soon be well. On the morning of November 16th, Mr. N. called on the doctor at his office and expressed his belief that the patient was worse, and unless something was done to relieve her she couldn't survive much longer. The doctor "poohooed" at the idea of her being dangerously sick, and again made the statement that the "lump in the side would take care of itself as soon as the liver was straightened up," also that there was no danger of her dying.

Instead of visiting his patient that day he sent her some powders (probably jack-screws for straightening up the liver).

So far this is the history given me by the patient and her husband without questioning, more than a request for them to tell me all about the case from the beginning.

I was called to see the patient on the evening of November 16th. I found her considerably emaciated; her features were shrunken and pinched, and the expression was that of great suffering. Her general expression was suggestive of approaching disolution. Temperature 102½, pulse 130—very weak; tongue dry and covered with a dirty white coating. There was nausea and vomiting, which had been persistent throughout; so much so that her stomach had retained no nourishment during her illness. She had been able to sleep but very little. Her bowels were regular, and had been throughout. I could elicit no history of constipation or diarrhœa either before or during her sickness. She had eaten no fruits containing seeds, nor had she received any injury from a fall, blow or by lifting. She complained of severe pain and soreness in right side. On examining the abdomen, inspection showed decided fullness in the hypogastric and right inguinal region. That in the hypogastric proved to be caused by a five months' pregnancy. The right inguinal was exceedingly tender on pressure; so much so that it was almost impossible to make anything like a satisfactory examination of it, but I succeeded in tracing the outlines of a hard, rounded and rather deeply-seated tumor, in which, with what manipulations the patient could endure, I could find no fluctuation. There was some localized peritonitis extending toward, but not into, the hypogastric region. I at once diagnosed the case as perityphlitic abscess, and gave a grave prognosis, explaining to them the exact condition of things the best I could, and asked for surgical council. This they refused to grant until after I had tried what could be done without surgical interference, and no argument that I could offer was sufficient to change their decision. I then proceeded to wash out the bowel with warm water and gave her a hypodermic of morphia and atropia, and left with a promise to return in the morning unless I heard from her before.

At my morning visit I found her resting

somewhat better. The morphia had given her some sleep — more, she stated, than she had had for over a week. The pain and soreness were not so intense, but her stomach still rejected everything taken. Temperature 101½, pulse 120. On examining the right inguinal I detected very decided fluctuation at or near the McBurney point. The friends were highly elated, thinking the patient much improved. Taking the husband into an adjoining room I explained to him the exact condition his wife was in, and emphasized the importance of an immediate operation, asking again for surgical counsel. He still refused, excusing his action by stating that his wife was much better than she had been for some time, and he thought the same treatment continued would be followed by still further improvement. I assured him that as a curative agent the treatment was no good, and told him plainly that unless he submitted to my request for counsel and, if we decided it advisable, an operation, my responsibility in the case ended then and there. Leaving her a solution of carbolic acid in lime water, one drop to the ounce, to be taken one drachm every hour, I returned home, thinking the case was off my hands. At 2 o'clock that afternoon Mr. N. came to my office and told me to do as I thought best in the case, and he would acquiesce in anything I did. Accordingly, I called Dr. M. C. Farrar, of Atchison, to see the case with me, and operate if we arrived there in time. We reached the house at 9:30 P. M., but it took two hours talk in order to gain full consent to proceed with the operation. We were fearful that each act of vomiting would rupture the abscess. At 11:30 we gave the anæsthetic, using the A. C. E. mixture, and, after thoroughly cleansing the field of operation, Dr. Farrar made an incision over the most tender spot, cutting through the skin and fascia in a line parallel to Poupart's ligament; the muscular fibers were then separated without cutting. The abscess opened freely and more than a pint of thin, horrid-smelling pus escaped. A drainage tube was then inserted and the abscess cavity thoroughly washed out with an antiseptic solution, the wound cleansed and dressed antiseptically, and the patient put to bed, surrounded with hot-water bottles and an hypodermic of morphia one-fourth and atropia 1-100 grain given. There was no appreciable shock, and improvement was manifest from that time on. The discharge from the abscess for a few days continued very offensive, so I washed it out a time or two with a solution of peroxide of hydrogen which soon remedied that. With the exception of some dropsical effusion into the abdominal cavity after she began to sit up convalescence was rapid and uninterrupted.

Foreign Bodies in the Aural and Nasal Passages, and their Removal.

Read before the Golden Belt Medical Society at Salina, Kansas, January 5, 1893,

BY

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DEMONSTRATOR OF ANATOMY AND LECTURER ON OPHTHALMOLOGY AND OTOLOGY IN THE KANSAS MEDICAL COLLEGE.

Natures openings in the body, which communicate with the outside world, are frequent catch-alls for various foreign bodies. It may be a fly, bug, beetle, bead, bean, grain of wheat or corn, seeds of various kinds, shoe button, and last, but not least, a wad of chewing gum.

The external auditory canal, owing to its peculiar anatomical structure, makes a very easy lodgment for a foreign body, particularly if it approximates a circular form.

The beginning of the orifice is narrower and circular, but near where the cartilage joins the osseous portion it assumes a bell shape, so that often the foreign body has passed the narrower constricted part. It readily drops into this wider dilated portion, where it remains; or if, perchance, the foreign body be pushed on into the osseous portion of the canal with sufficient force to drive it against the drum-head it may rupture the membrane and pass into the middle ear. If the force be not great enough to do this, it lies on the floor of the canal and in the little pocket which is formed by the drum-head sloping inwards and forwards.

The usual entrance of foreign bodies into

the ear is through the external auditory canal. In rare instances a foreign body has entered through the eustachian tube.

Foreign bodies found in the aural and nasal passages come under the following heads:

1. Animate — insects which creep into the ear or their larvæ generated there.

2. Inanimate bodies, such as beads, etc., heretofore mentioned. Generally these are pushed in by the child itself or adults having nothing else to do, or they may be blown or thrown into the ear.

When live insects get into the ear the pain following their excursion is intense and agonizing. People who live in the woods and those who go on hunting expeditions are very apt to get insects in their ears. I well remember an old gentleman who was a very pious old man, noted for his abhorrence of profane language, was so unfortunate at one time as to get an insect of some sort in his ear. He at first prayed, then swore; tried to sing, then to crying; jumped and raved like a mad man until the insect was removed. To one who has never experienced this form of horror, no description can paint its agony. The intense pain following the entrance of an insect or bug into the ear is probably due to the fact that Mr. Bug, when he reaches a moderate depth, finds that to his utter astonishment and surprise that he has entered an abode never before traveled by mortal insect. His nostrils (antennæ) become filled with bitter cerumen, and he attempts to beat a hasty retreat. On beginning his backward flight, he utters screams of horror which fill the possessor's brain with wildest pandemonium. And in trying to escape backwards, for he cannot turn around, and particularly if he be a winged insect, his sharp-pointed wings are thrust into the sides of the canal and the harder are his attempts at extrication, in deeper go his wings, and almost terrific and excruciating are the pangs of pain to be endured by the unhappy possessor of the bug. If there be a chronic otorrhœa present, the foul odors will attract the flies. It was my lot about three months ago to remove a large green fly from a young man's ear, and a very large full-grown maggot. The stench from this ear was simply awful.

The most efficient method of removing an insect and the speediest is by the use of warm water and a syringe. If none of these be handy, the ear should be filled with some bland oil, which soon stops the bug's breathing, and he dies.

Patients should be taught at all times in an emergency of this kind to pour water or any bland fluid into the ear. This will disturb the animal, drown it, or cause it to run out.

When it is suspected that the fly has deposited its eggs in the meatus, some agent should be used that will destroy them, or if they have hatched and larvæ are present, this then demands your attention. Labarraque's solution of chlorinated soda, chloroform vapor or the peroxide of hydrogen are effective in this direction.

Those who are advocates of allowing a discharge to remain unchecked will hardly defend such neglect when the ear has become a disgusting receptacle in which larvæ are formed.

Inanimate foreign bodies are placed in the ears of children by themselves or their playmates; when the child is asleep usually.

Children do not push them in far enough to do any harm. It is meddlesome interference of friends or nurses that force them into dangerous areas. Unskillful or indiscreet attempts at removal are often more dangerous than the presence of the foreign body itself. Forcible attempts at removal very often and are quite likely to result in hemorrhage of the external canal, and of increasing the distance between yourself and the foreign body by pushing it farther on into the canal with a possible rupture of the drum-head.

First, before attempting a removal, the body must be seen and located. I do not mean by this that it must be recognized, for this can rarely ever be done. But to put in an ear probe and by simple palpation say, "I can feel a hard substance," and in this manner rely upon there being a foreign body within the canal, and in the same way determining its location, is an unsafe procedure and will not do. The safest method and probably the most successful in most cases

is the use of the syringe and warm water. You are positively certain that you can do no harm to the tissues by this method. Children as a rule will submit to this procedure without a murmur, and your efforts will be successful almost always, provided there has been no previous manipulations with instruments. Before giving the matter up, have the child lay upon a table with its head hanging down over it, and proceed with the syringing as before. Now should this fail, we try another plan. A hook very similar to a strabismus hook, only that the hook is about one mm. in length, with blunt point should now be used. If you have the confidence of the child it is not necessary to anæsthetize, but if noisy and untractable, it will be much safer to put them to sleep. Then with head mirror and a strong light illumine well the external auditory canal. With an assistant to steady and fix the head we are ready to begin. Oil the hook, pass it either to one side or above the foreign body, keeping the point of the hook sideways close to the wall of the canal until you are sure you are well past the foreign body. When this point is reached, turn the point out in the center of the canal and withdraw slowly, keeping close watch of the foreign body that the hook does not slip by. The handle of the instrument in withdrawing should be kept well up against the superior portion (the roof of the canal), as in doing this the calibre of the canal is not materially lessened. The length of the hook should be about half that of the diameter of the auditory canal. In an emergency an old-fashioned wire hair-pin can be bent out straight and a hook turned at one end which will answer every purpose equally as well as an expensive hook. Care must be taken on introducing the hook not to force it through the drum-head after getting beyond the foreign body. It must be remembered that in children the length of the canal is very much shorter and the drum-head very much more easily ruptured than in adults. The adult will be able to tell you when you are getting close to the drum-head, while the child will not utter a word, or he is and has been screaming at the top of his voice all the while, and makes no more noise on the approach of the hook to the drum-head than otherwise. Here you must be on your guard; the head of the little patient must be steadied, lest he give a violent jerk and some serious damage be done.

Foreign bodies have been removed by bringing the point of a small brush, which has been dipped in joiner's glue, in contact with their surface, and allowing the glue to harden, and then extracting the brush and body together; or another, by fastening a thread to a piece of adhesive plaster and introducing it into the ear up against the foreign body and concentrating the sunlight upon it until it softens and adheres, when the substance is easily extracted.

In every surgeon's case, and particularly one who gives any attention to ear or throat troubles, you will find a pair of forceps like these (sample shown) for the removal of foreign bodies from the ear and nose.

They are so constructed that the two blades which take hold of the foreign body form a triangle with their sides, whose apex is towards the handle and the base at the distal end or where the object is grasped.

Now, it is a well-known law that matter tends in the direction of the least resistance, in the opposite direction to that in which the force is applied. To illustrate: The foreign body fills the canal whether it be the nose or the ear. Introduce the prongs of the forceps and grasp the foreign body; apply a moderate force and at the same time withdraw the forceps; they slip off the body. Reapply. This time the surgeon is determined and a greater force is applied than before, and again the forceps slip off. What is the result? The foreign body has slipped further down into the canal and ground has been lost. The force applied was not upon the distal surface of the foreign body where it should have been applied, but upon the sides and edges nearest you. No substance will approach resistance, but it is repelled. And again, as you apply the force and try to withdraw, the distal points of the forceps which project beyond the body are pressing upon the superior and inferior or may be the lateral walls of the canal, and on withdraw-

ing, a certain amount of resistance is offered by these walls against the forceps and prevents in a large measure the otherwise uniform embrace of the forceps, and thus favors the slipping-off process.

Again, if the body be large, filling the entire canal on the simple introducing of the blades if very great care is not observed, the body will be pushed farther and farther away and the difficulty increased. If the foreign body is very large and unyielding, in order to get by it will be necessary to use force, and the v-shaped extension of the forceps favors their being forced into the walls of the canal, causing hemorrhage, which is an additional obstacle to the removal of the foreign body, hindering the view of it, making it slippery and unmanageable, causing the patient unnecessary pain and distress.

I do not know of a single argument in their favor. It may be suggested that they can be used if the foreign body be small; so they may be, but the syringe and hot water are easier and better, causing the patient less annoyance thereby. They are useful where the foreign body can be crushed and flattened so that the blades almost wholly close, then whatever is retained between the blades will be brought away, but the blunt hook will do the same and just as quickly.

Impacted cerumen by aural text-books is not considered a foreign body, but it rather seems to me that it certainly plays the role of such. It obstructs the canal in a similar manner, and after a time makes the canal very sore. In the removal of this plug of cerumen, where there is much tenderness, oil should be poured into the canal and allowed to remain for a considerable length of time. This softens the dried wax, and it can then easily be removed. The syringe and hot water, to which has been added a small quantity of bicarbonate of soda which acts as a solvent, works admirably and should always be used in preference to a probe or hook in this case. After the cerumen has been removed, the post-nasal and nasal cavities should be examined, as there will be found existing catarrhal trouble in all probability. This should not be overlooked, but be treated, as the impaction is a symptom and not the disease itself.

Before attempting the removal of foreign bodies from the nose, cocoaine should be used freely, not only for its anæsthetic effects, but to shrink the mucous tissue and enlarge as much as possible the nasal passage. This is a decided advantage over the ear. Cocoaine does but little good, if any, in the external auditory canal.

If the body be not too firmly lodged, the use of the Politzer air bag to the opposite nostril will often dislodge the offending body.

If the child cries, so much the better, as the act of crying closes the naso-pharynx, and on using the air bag the air does not go down in the throat, but returns by way of the other nostril, and thus oftentimes the body is removed in this way; or if a string can be pushed past the foreign body and allowed to drop down into the throat, and the end pulled out at the mouth, to which can then be tied a bunch of cotton. The other end of the string is then tightened and the cotton pulled into the posterior nares and forwards to the anterior, dislodging the obstruction.

The same hook recommended in the ear can here be used to equally as great an advantage, and with absolutely no danger of hurting the patient.

To sum up:

1. Be sure by ocular examination of the presence of the foreign body.
2. Then use the syringe and hot water.
3. If this fails, use the blunt hook or bent hair-pin, but not the forceps, unless you can catch it safely.
4. If these fail, use the glue and camel's-hair brush.
5. Don't act rashly. Assure the family that there is no immediate danger.
6. If all these methods fail, the cartilage can be separated from the bone and the foreign body removed from behind.

THE radical cure of hernia is a success.

Report of a Case.

Read before the Golden Belt Medical Society at Salina, Kansas, January 5, 1893,

By W. H. WINTERBOTHAM, M.D.,
Salina, Kansas.

Believing the following case of special interest by reason of the obscurity of the cause of the disease and the extreme measures required for its cure, I have selected it or made it the subject of this paper.

About three years since I was consulted by a lady whose daughter, then twenty years of age, had been, from the time of her first menstruation, a sufferer from an obscure disease affecting the urinary organs. The family history was good with one exception. An aunt of the young lady had had a similar affection which had resisted all efforts resorted to for its cure.

I requested the mother to bring her daughter to me. My request was acceded to and the daughter, accompanied by the mother, came to my office. I found her a very small and nervous person, and very sensitive concerning her condition. She informed me that she had to pass her urine about every five or ten minutes; that when the desire to pass water came she could not control it, consequently she had to wear a napkin at all times. She said that frequently the urine would spirt from the urinary canal, the bladder contracting so forcibly and uncontrollably. There was much pain, lasting while the water passed. She gave no history, relative to menstruation, that was of interest, except that it had always been scanty, but not painful, and that her present disease commenced with her first menstruation. An examination of her urine gave negative results. Believing her trouble purely neurotic in character, I gave her such drugs as seemed best for this condition. No improvement followed. I then asked permission to examine the genital and urinary organs. Upon placing my finger upon the meatus she cried out with pain; also when I placed my finger upon the internal surface of the labia minora. She could not tolerate the introduction of the finger into the vagina.

For the purpose of completing my investigation of her case, I gave her chloroform. I found at the entrance of the urinary canal several small prominences or caruncles. Nothing aside from these at the vaginal entrance appeared abnormal. The womb appeared abnormally small. Upon pressing my finger slightly upon the ovaries, severe spasmodic contraction of the limbs and abdominal muscles took place. The patient now being pretty conscious. No vaginismus. Being now fully satisfied as to the correctness of the opinion I had at first formed relative to her case, (that it was purely neurotic,) I allowed her to pass from under the influence of the anæsthetic, and informed her of the conclusions I had arrived at. One or two weeks subsequently I dilated the urethra and vagina, washed out the bladder with boric acid solution, and fastened a small drainage tube into the bladder. Very little relief followed. After resorting to all measures I could think of that were likely to relieve her, I gave up her case. She then sought advice and treatment from another physician. This physician, after fruitless efforts to give relief, suggested that the cause was a stone in the bladder, and sent for me to remove it. I went and sounded, but found no stone. I then dilated until the little finger could be passed into the bladder, but nothing could be found of calcareous character. The poor girl now frequently resorted to morphine for relief, that she might sleep.

About the middle of October of the past year she again sent for me. I found her emaciated and in great distress. She told me that during about one month—I believe July—she had no pain; afterwards the pain returned more severe than ever, and her water passed about every five minutes. She asked me if I could suggest any other treatment than had been resorted to; that she would undergo anything that promised relief. I suggested removal of the urethral caruncles and any other sensitive structure that might be found in this part of the genital tract. She consented, but her mother

and sisters and friends objected to what they called mutilation (experimental). After the elapse of nearly two weeks I was informed by her mother that her daughter insisted upon the operation. I had her taken to the hospital and the next day removed the caruncles. After the elapse of about ten days and not much relief following this operation, I suggested ovariotomy. This she acceded to, and on the 14th of November I removed both ovaries. They were very small. I found uterus small — very small. She quickly recovered from operation and now has no pain. She passes her urine at intervals of about one hour and a half to two hours. The finger can be placed in the vagina without causing any pain. She has gained very much in flesh and feels perfectly well.

I claim nothing original in the treatment of this case, but believe the course pursued justifiable, though I know of no one doing an ovariotomy for such a condition as the one herein described, nor would I recommend such operation until every other means had been tried and proved futile.

President's Address.

Read before the Western Association of Obstetricians and Gynecologists at Kansas City, Mo., December 27, 1892,

BY

M. B. WARD, M.D., Topeka,

PROFESSOR OF GYNECOLOGY IN THE KANSAS MEDICAL COLLEGE.

Fellows of the Western Association of Obstetricans and Gynecologists: We are convened to formally inaugurate the Western Association of Obstetricans and Gynecologists, and to enjoy the mental feast, rare in quality and sumptuous in quantity, which we are assured is in store for us.

As an association, we are yet in the stage of lactation. One year ago a meeting was held in Topeka for the purpose of organizing this association, which was attended by only a few of the number who had expressed their desire to aid in forming and maintaining such a society. Those present were enthusiastic regarding the propriety and necessity of such a society in the west.

An organization was consummated, bringing into existence the Western Association of Obstetricians and Gynecologists.

The parturition was normal: No instruments were employed, no rupture occurred, to mar the perfect symmetry of the accouchment.

No program having been prepared, nothing remained to be done with the fledgeling but to wrap it in the mantel of time, and place it in the arms of our genial secretary, Dr. T. J. Beattie, who has so tenderly and wisely cared for it during the first year of its existence that we are enabled to celebrate with delight its first birthday on this occasion.

I most heartily appreciate the honor of being the first president of an association whose inauguration is so auspicious and whose permanency is assured.

It is usually expected that the presiding officer will deliver sometime during the session an inaugural address, and it was my purpose to have carried out the established custom, but owing to a recent long and serious illness, from which I am not yet fully recovered, it has been impossible to suitably prepare such an address.

I therefore beg your kind indulgence while I make a brief retrospect of the original plan of the organization, and a prospective view of the possibilities of the association.

Perhaps it was in accordance with the eternal fitness of things that prompted a Kansan to take the initiative in organizing this society.

In making this reference, which is intended to give Kansas credit for inaugurating many important movements that have given her a record of which all lovers of liberty are justly proud, I do not wish it to be understood that I am unmindful of the deplorable fact that, of recent, she has led in schemes whose very foundations have been carious, and the results unworthy the fair name of Kansas.

The western states are attracting universal attention on account of their wonderful resources and the prominent part they are

taking concerning all great and important questions.

In no other direction are we so weak and insignificant as in the position occupied by the medical and surgical profession as compared with the eastern states.

The east may be justly termed our Fatherland, so far as concerns our profession, and we are obliged to confess that that section is entirely worthy of the honorable title.

It is to the distant east that each and all must journey if we are to gather the ripest, juiciest and richest fruit pertaining to our professional progress.

How favored, indeed, are those who are so situated that they may frequently wend their way towards this Mecca of medical and surgical knowledge.

After several visits to the east, it occurred to me that the west should at once organize a society whose aim would be to educate those whose relations and circumstances prevent frequent visits to the more favored portion of the union, and at the same time aid in diffusing the leaven throughout the whole loaf, which comprises thousands of struggling physicians who cannot enjoy the advantages of the far-distant metropoli.

In the early fall of 1891 a circular letter was sent to about fifty prominent physicians, who were practicing obstetrics and gynecology, to the more or less exclusion of the other fields of medicine and surgery, and who resided in the states of Missouri, Iowa, Nebraska, Colorado, Kansas and the territory of New Mexico, for the purpose of soliciting their opinions regarding the advisability of forming a society in the west, whose special aim should be to advance the science of obstetrics and gynecology, and whose active members should be composed of those only whose practice is limited to these special branches, or who desired to give special attention to these branches of the practice.

A favorable reply was received from nearly every physician addressed, and a meeting to complete the organization was held in the city of Topeka, the last day of December, one year ago.

The growth and usefulness of this organization are now assured if the present status is a correct index of the future.

Our society should be a practical educator, sowing the seed of modern pathology and therapy in good soil, which will increase one hundred fold; in shallow soil that may not yield more than fifty fold, and, if necessary, on stony soil which may not for the present show any signs of increase, but some of the good seed may find nutrition sufficient to make a sapling whose influence will tell for truth sooner or later.

Oftentimes it is true that the dullest lad makes the most brilliant man.

Let us not despise the day of small things, though we are few in number and yet unrecognized by the medical and surgical world.

I am not certain that the plan which has been formulated for the government of our society is sufficiently broad-gauged. In this connection I heartily recommend that a committee be appointed who shall consider this feature of the organization and suggest any change in our laws that they may conclude will tend to increase the scope and usefulness of the society.

We should endeavor to make the program exclusively of topics pertaining to obstetrics and gynecology, but the surgical aspect of these branches should have such recognition as will draw to our meetings the general as well as the special surgeon.

While we would not expect ophthalmologists and laryngologists to prepare papers on their special branches to be read before our society, yet they and all other specialists should be encouraged to note carefully the relations of diseases, so that should their patients suffer from trouble entirely reflex they may add their rich and varied experience, which would educate others who would not have such opportunities of observing the sympathetic relations of disease.

The general practitioner should be enticed to our meetings through the channel of the inseparable relations which must forever exist between them and the specialists.

If general practitioners could have the opportunity afforded the specialist in diagnosing obscure pathological conditions, their

usefulness would be greatly increased and untold suffering avoided.

In conclusion I would urge the society to strive to secure the co-operation of prominent members of the profession who reside in the eastern and southern states, that we may have the benefit of their cultured experience and wise council.

On behalf of this society I extend to our friend Dr. Jos. Price, of Philadelphia, one of America's greatest obstetricians and gynecologists, who is present with us, the freedom of the floor, and cordially invite him to fill our granaries full out of his rich and overflowing store-house of knowledge.

We are to be congratulated that so distinguished a gentleman has honored us with his presence.

THE following appears at the foot of a bill-head of a Kansas physician. It is unique, original and pointed, and we presume effective:

"A prompt settlement of this bill is requested. If bills are paid monthly, a discount of ten per cent. is given. Bills not paid promptly will be passed to my attorney for collection.

"If you pay your physician promptly he will attend you promptly, night or day, rain or shine, while your slow neighbor suffers and waits, as he made the doctor wait, and while he is waiting the angels gather him in."

THE next meeting of the Medical Society of the Missouri Valley will be held in the city of St. Joseph, Mo., March 16th (Thursday) and continue in session one day. Members contributing papers must send titles to the secretary prior to February 25th, so they can appear on printed program, mailed March 1st. Applications for membership can be sent to Dr. J. M. Richmond, St. Joseph, Mo., chairman committee of arrangements. A full meeting is expected, a profitable session desired.

F. S. THOMAS, *Secretary*.

SOCIETY PROCEEDINGS.

The Golden Belt Medical Society.

The society met in the Board of Trade rooms, Salina, Kansas, January 5, 1892, at 7:30 P. M.

In the absence of the president, Dr. Gunn, Dr. DeWees was made presiding officer, and Dr. Magee secretary in the absence of the secretary, Dr. Ketchersid, who was called away before the society convened.

Members present: Drs. DeWees, W. S. Harvey, Winterbotham, LaFever, Hazlett, Ross, McClintock, Magee, Ketchersid, Wall and Mayberry.

A resolution was introduced, signed by Drs. E. E. Hazlett and E. B. LaFever, of Abilene, to amend the by-laws so as to admit the resident surgeon and assistant surgeons of Ft. Riley, Kansas, to active membership in the society without payment of the usual dues. Carried unanimously.

The question of the authority of the publication committee as to the right of papers read before the society was freely discussed, and resulted in the passage of the following resolution:

"That all papers read before the society shall become the property of the society, and are to be placed in the hands of the publication committee, and are at their disposal. Said committee shall confer with the authors of the various papers and receive suggestions as to author's preference of journal for their publication. The decision of said committee, however, shall be final."

Dr. J. W. Winterbotham reported a case in writing of "Ovariotomy for the Relief of Enuresis and Irritability of the Genitals."

"A young girl twenty years of age; nervous temperament. From period of menstruation passed her urine at frequent intervals, averaging from five to ten minutes. Could not resist the desire to void the urine. Had to wear a napkin constantly. The urine would spurt at times. Pain followed each urination. Examination of the urine gave negative results. Examination of the genitals,

which had to be done under chloroform, revealed at the meatus caruncles which were afterwards removed. No relief followed. No treatment, local or constitutional, did her any good. Finally consent was given to remove the ovaries, as her condition was such that life was miserable to her. Since the removal of the ovaries, she can retain the urine from one to two hours, and she still continues to improve."

Dr. W. S. Harvey.—"I was fully acquainted with the facts in the case, and can fully concur in the statement that her condition before the ovariotomy was a pitiable one. She is now very much benefitted."

Dr. S. E. Sheldon.—"Possibly gradual dilatation of the bladder by the injection of fluids and gradually increasing the quantity each time might have accomplished something in this case." (Dr. Winterbotham here mentioned that he had tried dilatation, but to no avail.) "I am unable to see how the ovaries could bring on such trouble, being so small. There might have been some reason had they been enlarged or diseased. Fibroids of the uterus may sometimes make pressure upon the bladder, lessening its capacity, and in this way causing frequent urination. Within the last few weeks I operated upon such a case (fibroid of the uterus) with complete relief of the trouble."

Dr. Magee read a paper on "Foreign Bodies in the Nose and Ear, with their Removal." The epitome of the paper was as follows:

"With the aid of a head mirror, a good, strong light and a speculum be sure that you have a foreign body and of its location before an attempt at removal is made. Use the syringe and hot water first; if this fails, then the blunt bent hook or hair-pin. Never use the bi-valve forcep if the foreign body is solid and hard. If these fail, use the glue and camel's-hair brush. If all other methods fail, if it is the ear, separate the cartilage behind, and the foreign body can then be removed. Don't act rashly. Assure the family that there is no immediate danger."

Dr. Hazlett reported the removal of a fly and a number of blow worms from an ear. Thought the hook suggested by Dr. Magee an admirable instrument.

Dr. Harvey reported the removal of a shoe button and a beetle, which had become encysted in the cerumen for a long time, by the use of the hook. "The hook is by far the safest and best instrument for the removal of foreign bodies from the ear."

Dr. Ross mentioned a case in which a plug of cotton was removed from an ear which had been put there seven years before and had been forgotten.

Dr. Hazlett cited a case in which there was developed all the symptoms of septicæmia from a plug of cotton. An incision over the mastoid process brought pus.

Dr. DeWees.—"My plan of removing foreign bodies from the nose is to use a hook similar to the one mentioned by Dr. Magee, or an ear spoon, reach in and get underneath it and raise it up, when it will drop out. The foreign body is usually wedged in between the inferior turbinate and the septum, and if it be raised up out of this narrow strait it will drop out."

Dr. Winterbotham urged the necessity of always making a careful examination before giving an opinion or operating. "Not long ago a patient came to be treated for nasal catarrh. Upon examination I found a bunch of rags in the nostril. Recently was asked to catheterize a boy where another physician had failed, and upon examination found a piece of a nail in the urethra."

Dr. E. B. LaFever, of Abilene, read a paper on "The Plasmodium of Malaria."

The doctor illustrated his paper with some half dozen engravings, showing the malarial organism in the blood—its development and structural appearance. He followed up the discovery of Laveran, in 1880, of organisms in the blood of malarial patients, showing how anyone with a few moments' time could make similar experiments. In summing up, the doctor said: "The question is yet unsettled. We do not know anything in regard to the amœba outside of the body, nor how they enter the body or leave it, but we do know positively that in malaria there are found typical organisms in the blood by

means of which we are able to distinguish between this and other fevers."

Discussed by Drs. Sheldon, Winterbotham, Hazlett, DeWees, Harvey and Magee.

Dr. Harvey presented a specimen of blighted fœtus, remaining in utero about five months and then was expelled. The fœtus about two months old. The placenta was large and showed spots of fatty degeneration. Only about two or three spoonfuls of blood came away.

On motion of Dr. Ross, the society adjourned to meet in Abilene the first Tuesday in April, 1893.

Respectfully,

R. S. MAGEE, M.D.,

Secretary.

The Topeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery met in A. O. U. W. hall, Monday evening, January 9, 1893. President Sheldon in the chair.

In the absence of the secretary, Dr. McVey, Dr. Magee was made secretary *pro tem.*

Members present: Drs. Ward, McClintock, Munn, Magee, Sheldon, Powell, Barnes, McCrea, Gilbert, Stewart, Lindsay and Mr. Gundry, medical student.

On motion of Dr. McClintock, Dr. N. Emily White, of Winchester, Kansas, who was present, was made an honorary member. A graduate of Woman's Medical College, Chicago, 1891.

Dr. Ward presented a large specimen of a cystic fibroid which he had recently removed. In speaking of fibroids, he said the removal of a fibroid of the uterus was a formidable operation. Until recently the operation has proved fatal in a large majority of cases—the mortality rate was high. "The hemorrhage is liable to be great. The difficulty is that where ligation is made above the cervix the size of the pedicle is so great that sufficient compression cannot be made to close the mouths of the bloodvessels, and hence the danger of secondary hemorrhage. The operation in which the pedicle is drawn into the abdominal wound so that it can be seen and dressed gives the best results. The elastic ligature is a failure. The best ligature is a composition wire made in Germany. The ligation should be done at the cervix in every case if possible, as this is the narrowest point. Some have tried electricity in the removal of these growths, but have failed. The following is the history of the patient from whom I removed this tumor: Mrs. H., aged thirty-six; married eighteen years; no children. One miscarriage at second month, seventeen years ago. Was very sick afterwards, and remained ill for nearly one year. About three years ago noticed an enlargement, and thought she might be pregnant. Menstruation has been regular all of the time. Bowels constipated. On examination found nearly a solid tumor occupying the entire right side and most of the left, and seemed to be a sub-peritoneal fibroma. She did not suffer greatly until within the last few days. Operated, removing a large tumor which involved both cornua of the uterus, dumb-bell in shape."

The tumor was shown to the society and each member of the academy given an opportunity to examine it.

Dr. Powell asked if he considered the origin of the tumor sub-peritoneal or intra-mural; and if intra-mural, if taken early, could it have been removed in any other way without an operation.

Dr. Lindsay thought the operation a formidable one, and that the doctor deserved credit for the results.

Dr. McClintock explained the danger in waiting too long in these cases. "That the disastrous and fatal results of so many of these operations in these cases are due to the fact that the patient puts off the operation from day to day and week to week until death is imminent, no matter what the surgeon may do. The tumor, as it increases in size, impinges upon the lumen of the intestine, and sooner or later cuts off the patient. Procrastination is the evil. The great danger to be avoided in the operation is hemorrhage, as the doctor has mentioned, being unable to clamp the stump sufficiently

to close the bloodvessels, but can be done as he has suggested. Some suggest to wait until after the menopause, and the tumor will then of itself contract because nutrition is cut off. My experience has shown me that the menopause in these cases is prolonged or postponed, and that the tumor does not shrink, but continues to grow."

Dr. Magee asked if the origin of the tumor might not be dated back to the miscarriage; if that might not in reality be the exciting cause.

Dr. White reported some of Dr. Byford's work as she had seen it in Chicago. They were now using the method of suturing the pedicle to the vaginal walls instead of into the abdominal wall.

Dr. McCrea reported similar work in Chicago. The stump in the vagina could readily be dressed. The vagina was packed with iodoform gauze and gave no odor. Thought that intra-mural tumors might often be removed by electricity. The electricity should not be used where there was much pain following its application, as this rather denoted a contra-indication to its use.

Dr. Ward, in closing, said that the patient was alive and doing well. "The tumor developed from the greater cornua of the uterus and was not interstitial. The woman was dying from suffering and pain, and it seemed that there was no alternative but to operate. In throwing the ligature round the pedicle, great care must be exercised not to include the bladder. The vessels that go to the tumor still remain of the same size even after the menopause, and I know of no reason why it should cease growing after the menopause."

Dr. Munn presented a pathological specimen—a heart which weighed 29½ ounces. It appeared almost as large as the heart of an ox, being more than twice the weight of an ordinary human heart. The doctor gave the history of the patient.

Dr. Sheldon now presented a pathological specimen to the society—a fibro-cystic tumor, removed December 31. The tumor had been growing gradually for six years, though the woman had been pregnant and had a natural delivery sixteen months ago, after which the tumor increased rapidly to its present size—about fifteen pounds. Four days before the operation one of the cysts burst into the abdominal cavity and discharged about two quarts of dark, thick, grumous fluid, setting up a general peritonitis. At time of operation, pulse 120, temperature 102, with nausea. The rupture of the cyst was produced by lifting child against the abdomen during the night. The preparation of the patient and an operating room is a matter of prime importance, especially in emergency cases and private houses. The patient was prepared with great care and the room divested of all furniture, thoroughly washed and scrubbed with antiseptics, and the floor covered with a layer of common salt. The abdominal cavity was thoroughly irrigated with sterilized water and closed in the usual manner. The pulse and temperature gradually resumed the normal condition and within twenty-four hours the pulse was 92 and the temperature 98 4-5, after which the patient made an uneventful recovery. "I was assisted in the operation by the attending physicians, Drs. J. N. Taylor, of Berryton, Kas., and Dr. J. Beasley, of Carbondale, Kas., and Dr. Beasley's son."

The tumor was passed around and an opportunity given to the members of the academy to examine it. The tumor showed extensive fibroid degeneration with multiple cystic formation, involving the right fallopian tube and ovary.

The doctor was commended by the members of the academy in his thorough preparation of room and patient, and for his judgment in determining the necessity of an emergency operation.

Medical legislation again came up for discussion, and resulted in the addition of Drs. Munn and Lindsay to the committee as announced in the last minutes, making it a committee of five.

Dr. Magee announced the meeting of the Eastern Kansas Medical Society to be held in this city the 12th of January.

On motion, the society adjourned to Hop-

kin's restaurant, where we were given a stew by our president.

Respectfully,

R. S. MAGEE, M.D.,
Secretary pro tem.

The Eastern Kansas Medical Society.

The Eastern Kansas Medical Society met in the A. O. U. W. hall, 723 Kansas avenue, Thursday evening, January 12, 1893. President Dr. L. H. Munn in the chair.

Members present: Drs. Schenck, Lewis, Peers, Cannon, Pelton, Barnes, O'Brien, McGuire, Sheldon, Ward, Lindsay, Conger, McClintock, Rodgers, Minney, McCrea, Magee, W. E. McVey, R. E. McVey, Stewart, Powell and Wall, of Topeka; Dr. J. H. Brown, of Wetmore; Dr. T. H. Hall, of Alma; Dr. L. L. Terwilliger, of Lansing; Dr. O. D. Walker, of Lawrence; Dr. N. Emily White, of Winchester; Dr. R. C. Lowman, of Kansas City, Kas.; Dr. J. A. Hamilton, of Auburn; Dr. C. E. Fulton, of Hoyt; and Dr. G. Boyd, of Newton, visiting physician.

Medical students present: Storrs, Wallace, Church, Evans, Schnebley, Buckmaster, Gundry, Smith, Cannon, Frankenberger, E. W. Minney and Noggle.

Minutes of last meeting read and adopted.

The following new members were admitted to membership:

Dr. C. A. McGuire, of Topeka, Rush Medcal College, 1884.

Dr. Maggie L. McCrea, Topeka, Woman's Medical College, Chicago, 1891.

Dr. N. Emily White, Winchester, Kansas, Woman's Medical College, Chicago, 1891.

Dr. R. C. Lowman, Kansas City, Kas., Kansas City Medical College, 1890.

Acting board of censors were Drs. O. D. Walker, Terwilliger, Sheldon, Minney and Peers.

The first session of the society was held at Christ's Hospital.

Dr. McClintock favored the society with a surgical report in which the following cases were presented and operated upon:

He was assisted by Drs. Sheldon, Stewart and Righter.

"CASE I. Miss M. C., age twenty-six, was admitted to the hospital seven weeks ago with a history of peritonitis, painful menstruation, constipation and difficult urination. An examination showed gastro-intestinal irritation, a uterus, small, undeveloped, acutely retroflexed, slightly movable, with a large tender mass in the cul-de-sac in the right side. The quantity of urine passed in twenty-four hours was less than a pint—often not more than one-half pint. An examination showed granular casts, oxalates and other crystals. The patient was put upon a fluid diet—milk and beef juice at intervals of three hours. The gastro-intestinal symptoms subsided, the urine increased in quantity and albumen disappeared; but menstruation was still very painful and a laparotomy was asked for. Upon opening the abdomen the right ovary was found in the mass behind the uterus with ligaments so shortened that it was delivered with great difficulty and it was necessary to put on the ligatures within the abdomen. The ovaries were very small, but normal in appearance.

"CASE II. E. C., a boy of twelve, was operated upon December 24, 1892, for disease of the left tibia, following an injury received four years before. The tibia was opened and a mass of dead bone removed, six inches in length. The involucrum was exceedingly hard and thickened. The wound was left open and bone-grafting delayed, as the presence of pathogenic germs was feared. No suppuration has taken place, and at this time the groove in the bone was filled with decalcified bone grafts, the tissues on either side were loosened and particularly approximated, and dressings applied."

"CASE III. W. B., a man of forty, presented a fistula in ano of long standing with accessory sinuses. The fistula was laid open and the pockets and tract curetted."

"CASE IV. Mrs. D., aged twenty-four, was admitted to the hospital nine weeks ago with a history of acute articular rheumatism, following typhoid fever. The rheumatism had subsided except in the left wrist and the

sheaths of the tendons of the forearm and hand. The arm was much swollen and very painful. Treatment was prescribed, consisting of diet and the galvanic current, and under it the swelling had disappeared, but a false ankylosis of the wrist joint remained with adhesions of the tendons to their sheaths. To break up these adhesions the patient was anæsthetised, and the hand forcibly flexed and extended until free from the adhesions."

After supper the society again convened, and were entertained by the reading of a paper on "Scarlet Fever," by Dr. J. H. Brown, of Wetmore, in which he stated that the greatest danger of contagion was at the height of the fever, although more cases of contagion occurred during the scaling period or period of desquamation. The suddenness of the attack, early appearance of the eruption, frequency of the pulse rate, vomiting, character of the eruption and the fact that it usually appears first upon the sides of the neck, the white line around the mouth and the peculiar redness of the mouth and throat, and the prominence of the papillæ of the tongue, will determine the disease. He advocates little medication and much nursing. The free application of cold water to the skin gives splendid results.

Dr. C. A. McGuire, of Topeka, opened the discussion by saying: "I have been associated with the city board of health and have incidentally been called upon to see several hundred cases. The contagiousness of the disease interests me most. The author stated in his paper that some considered it not contagious three feet away and most contagious during height of fever. I believe it most contagious during period of desquamation, and that the contagion is by means of the scales." Cited an instance where a grandmother had cared for a child in Chicago with scarlet fever, came to Topeka and communicated the disease to five children. "We see almost every day the results which follow the doctor's failure to warn the people of the liability to sequelæ." Reported a case which the attending physician had called a malarial rash, and where the sequelæ of scarlet fever were most prominently marked, viz., dropsy, lymphatic infection. "As to disinfectants I believe in fresh-air, ozone. Five pounds of sulphur should be burnt to the ordinary room, and then go all over the wood work with bichloride of mercury and repaint or revarnish."

Dr. Terwilliger.—"More cases of scarlet fever die from over-attention than from non-attention. Mild cases need little else than careful nursing. I have never lost a case of scarlet fever. When you begin drugging, then begin to look for an unfavorable termination. The main point in the treatment is to guard against complications."

Dr. Minney.—"In regard to the cleaning of infected clothing, boiling is sufficient. The method of disinfecting, as suggested by Dr. McGuire, is certainly commendable. To prevent the ear complication—otorrhœa—if possible, is an important factor. There is always danger of otorrhœa where the nasal passages are allowed to become occluded. The nostrils should be kept clean by douches, composed of listerine or alkaline solution, warm water, etc. But when the otorrhœa comes, then the aural canal must be kept clean by frequent washings, and dried out thoroughly. This is essential."

Dr. O'Brien.—"I find in my acquaintance with the various physicians, with whom it is my pleasure to meet, a great variety of opinions as to the contagiousness of this disease. I am afraid some times that the prevalence of the disease is due to physicians. The mildest case is as capable of being communicated as the severer form, yet the family and friends are not so warned, and hence the disease spreads. Sometimes the diagnosis is not made sufficiently early to secure isolation, and thus are unable to prevent possible contagion. Do not believe there is much efficacy in the bread-crumb disinfection."

Dr. Peers related an experience with some cases in which there was rash and some symptoms of scarlet fever, but no clear diagnosis could be made. "I think the most infectious period is the time of highest

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fever, but the most dangerous period is the period of exfoliation."

Dr. Lindsay.—"I think a moist atmosphere is essential in obtaining proper sulphur fumigation. Think the cases mentioned by Dr. Peers were Rothlin. I think there is a commercial abuse of this matter of scarlet fever. It is often very inconvenient in cases of business men and families in hotels to be quarantined. There is always exfoliation in scarlet fever."

Dr. Schenck.—"I cannot agree that we give too much care and attention to cases of scarlet fever. We may sometimes treat them too heroically. Even in the mildest cases we cannot be too careful. The mildest cases are sometimes likely to present the most serious sequelæ. The diagnosis is not always certain, but if there is a suspicion we should be firm and use measures to prevent a possibility of its spread. Nothing more readily soothes and cools the skin than cocoa butter. It also prevents the dissemination of the scales in the atmosphere. Whenever you have a case you believe to be scarlatina, isolate it. Watch the case thoroughly that no complications arise. Fumigate the room with sulphurous acid gas. Every article of clothing that has been about the patient should be fumigated."

Dr. Stewart.—"I recently had a case of scarlet fever in which the infection had been traced to a letter received from some friend. Frequently every opportunity of infection does not result in an attack. In the height of the fever, when oiling does not suffice, would advise tepid water sponging. Mild cathartics whenever indicated. Isolation should be perfect no matter how mild the case."

Dr. Minney.—"In mild cases it is almost impossible to keep the family from going out and in."

Drs. McGuire and Brown closed the discussion.

Dr. Powell read an interesting paper on "Nephritis." The doctor gave a minute description of the anatomy, hystologically, of the kidney; also outlined the various forms of nephritis, giving the symptoms and the pathological conditions arising from the disease. A clear-cut distinction was made between the atrophied and the contracted kidney. The latest researches to the present day were embodied in the paper.

Dr. O. D. Walker, of Lawrence, opened the discussion by saying that the most common form of kidney troubles was chronic diffuse nephritis. "Albumen in the urine is an unfailing symptom. Some authorities claim that there is a physiological amount of albumen; that it is always present in urine, and that a certain amount exists normally. I cannot agree with this fact as I think albumen is a measure of the gravity of the disease to the extent to which it is present in the urine, and that you cannot expect a healthy condition of the kidneys to exist where albumen is present. It is lost force and is not a normal constituent of the urine."

Dr. Stewart.—"There is a difference between parenchymatous degeneration of the kidneys and parenchymatous nephritis. When we see a patient dropsied, and find in the urine blood casts and albumen, it is clearly a case of parenchymatous degeneration. Nephritis is very often brought on by the person working in a very hot, close room, and then going out into the open air and cooling off suddenly. The doctor related the experiment of Heidenhoin with indigo carmine. The surgical kidney, brought on by ether, which results in death, oftentimes is taken for septicæmia, but an examination of the kidneys shows the tubules filled. I don't believe in physiological albumen; that wherever albumen exists it indicates a pathological condition of the kidney."

Dr. Powell, in closing, thought it a mistake to consider albumen a physiological constituent of urine. "Urea is sometimes considered a diagnostic symptom, judging by the increased or decreased amount found in the urine, yet it will not do to rely upon."

Dr. G. A. Wall made a report of a case of "Abscess of Frontal Sinus with Recovery."

It was discussed by Dr. Stewart, who had recently operated on a similar case with recovery.

Dr. Minney, in discussing the paper, said

the trephining should be done at the most dependent point of the sinus, so that the contents could easily escape and drainage secured. The nostrils should be most vigorously treated afterwards to keep them open and free so as to open communication with the infundibulum; this is nature's outlet from the sinus." Related a case where a growth in the nose obstructed the infundibulum. The growth was removed and the trouble in the sinus disappeared.

Dr. R. S. Magee, with the oxyhydrogen calcium light, exhibited to the society 100 views of anatomy. Fifty of these views were microscopical sections of various tissues of the body.

It was midnight when we separated, yet we felt we had had a profitable and pleasant meeting.

On motion, the society adjourned to meet in Topeka in April.

Respectfully,

R. S. MAGEE, M.D.,

Secretary.

Historical.

We have just received the eighth biennial report of the board of directors of the Kansas State Historical Society for the period ending November, 1892. There are ninety-nine members in the board of directors, or thirty-three members for each of the years '93, '94 and '95. In this list are lawyers, many editors, preachers, politicians, farmers, etc., but nary a doctor so far as we know. This is not the fault of the society, but of the physicians themselves. In the next report we hope to see a physician on the board and a complete report of the history of medicine in Kansas written up and placed in the state library.

HOT water has done away largely with eye washes and lotions in the treatment of ordinary inflammatory eye troubles.

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TOPEKA, KANSAS, FEBRUARY, 1893.

Books.

There is a tendency among physicians to popular fads in book buying. Too many of us buy because Dr. Brown's or Dr. Smith's name appears on the list, without a careful investigation of the value of the book and its peculiar adaptation to our particular need.

Every physician should have a library filled with choice selections from the best medical authors upon subjects which need careful study. Encyclopædias, reference books, etc., are convenient for the author, the teacher and for an immediate reference by the busy doctor, but unless he be already well grounded on the subject to which he refers they are frequently worse than useless. A man whose medical knowledge is obtained from this class of literature is much like the student who goes through college on a quiz compend.

A library should be kept up to date, but

we certainly should not advise the purchase of every new book, nor would we by any means decry the purchase of old ones. Among the medical works now out of print there are many which are to-day standard authorities. Replace your old editions by new and revised ones when convenient to do so, but do not dispose of an old work simply because it is old. It requires years to accumulate a valuable library, but when you once have it, its value cannot be estimated in dollars and cents. A book you have carefully read and become familiar with, in which you have made annotations and memoranda, cannot be replaced with money.

Many an old practitioner refers with pleasure to his Watson's practice. What classic descriptions, what depth of perception, and what accurate detail in those favorite chapters! They are valuable to him because he is familiar with every step of progress which has placed this most classic work in the background, and he can fully appreciate the ability of such an author and most readily account for his mistakes.

Many other old works which are relegated to the back shelves may be found to be veritable mines of valuable information, scientific truths and logical deductions which will stand the test of our progressive age.

We would advise the young physician to go slowly in making a library. Buy the best authors, read them carefully and become familiar with a few before buying many.

The Legislature.

The hope of success, which was so firmly grounded in the influence of certain medical men with the populist generals, must surely be wrecked on the center pole of the two-ring circus which now has possession of the west wing of the state house. We have lived some time without a medical law and it is possible the little spark of animation in the medical fraternity may continue to glow even after all possibility of legislation has vanished.

Cocainism.

Dr. J. B. Mattison in the New York *Medical Record* cites numerous cases of cocainism, among which the majority gives a history of acquiring the habit through the use of cocaine sprays for hay asthma. We have heretofore called attention to the dangers of an indiscriminate use of cocaine in treating nasal diseases, and these cases must be an additional warning against prescribing the drug for the patient's own use. Any very lengthy experience must teach one that not only no lasting benefit can be derived from a continued use of the drug, but on the other hand a relaxation and tumefaction of the turbinates is a consequence of its frequent application. Much temporary benefit is undoubtedly obtained, but in chronic troubles, such as hay asthma, the remedy finally becomes a dangerous one.

THE following was sent us from Oklahoma, and is the original copy submitted to a printer there. We have several practioners in sunny Kansas who could do nearly as well:

"Located at Perkins and will visit Patient at ther home if so Desired.

"DR. C. WELTER and for Beast.

"Special attention will be taken in female complains old or young also in Midwifey at an call and will treat cases of Rhumatism and Eplective fitts and the Doctor will keep on hand a salv that he makes himseff good for man women aliments warnted as good a salv that is in the united State for all soorse or swelling saddle soores or collar Bruises and will grow out a New hoof and the Doctor will make a syrup for coughs and could and Plurise in the side or lungs charges Reasonble Consultation Free."

WHY is it that valvular disease of the heart is so seldom found in tubercular patients?

Prostitution.

A few days before the assembling of the legislature an evening paper in our city, among other news items, contained the following in substance: "Disreputable women are flocking to our city, as is their custom in legislative years. They can be seen on Kansas avenue every afternoon, and are known by their gaudy attire."

Public attention has been called to this subject recently by Dr. Parkhurst, of the Madison Square Presbyterian Church, New York City, in his efforts to expose the system of prostitution as at least tolerated, if not connived with by the officers of the law in that city. In commenting on the plans suggested, the *Medical Record* says:

"With regard to the proposal for the entire and immediate suppression of houses of ill-repute, as advocated, the idea is impossible, Quixotic and dangerous. A study of the subject from a scientific and sociological point of view would convince one of this, even if common sense did not show it. There are perhaps over two thousand houses of ill repute and twelve or fifteen thousand professional prostitutes in this city. Statistics on the point can only be approximate. These prostitutes represent a special, degenerate, and, in a sense, criminal class. According to Jarnousky, nearly one-half present pronounced stigmata of degeneration; they are more decidedly a class by themselves—an anthropological species—than professional thieves. Over ten per cent. are of illegitimate parentage, a considerable proportion are born of alcoholic, syphilitic, adulterous or criminal parentage. A large proportion have morbid sexual propensities and crave sexual excesses.

"A very typical and instructive history of a prostitute is that of Alphonsine Plessis, a character immortalized and idealized by Alexandre Dumas in his novel and play, 'La Dame aux Camellias.' Her parental grandmother, who was half-prostitute, half-beggar, gave birth to a son by a country priest. This son was a kind of country Don Juan, a peddler by trade. The maternal grandmother was a nymphomaniac, whose son married a woman of loose morals, by whom a daughter was born. This daughter married the peddler, and their child was the Lady of the Camellias. Said lady had unquestionably the powerful and perverted sexual instincts of many of her class. She died childless early in life from consumption, Nature thus extinguishing the race.

"People with the ancestry, the habits, the perverse instincts, of the prostitute class cannot be cured or reformed by the enforcement of municipal ordinances. If taken from their surroundings and placed where they can earn an honest livelihood, they, as a rule, go back voluntarily to their old mode of life. And they do this despite the fact that this life is always a short one, and is sure to end in sickness, degradation and misery.

"It would be absurd to suppose that adultery would be lessened or that prostitutes would cease their work if driven from their houses. A thief is just as much a thief whether in a hotel, a boarding-house or in his own headquarters. All that municipal authorities can do as yet is to reduce the number as much as possible, make prostitution difficult, and prevent the disorderliness and grossly-lacivious performances which it has been shown are carried on in some places. This is not beyond the power of an efficient police."

The proper method of dealing with all confirmed criminals of either sex is castration. It is humane to the criminal and the best protective to decent society, and elevating in its moral tendency.

MISS LILLIAN WESTERVELT, of Ft. Scott, and Dr. J. F. McGill, assistant surgeon at the Home, were married at Ft. Scott at 11 o'clock Wednesday by Rev. Kennedy and came to Leavenworth that evening. The officers and ladies of the Home tendered them an informal reception. Miss Westervelt is the daughter of one of Ft. Scott's prominent men and is herself a favorite. —*Leavenworth Standard.*

How to Succeed in Practice.

A book might be written on the above subject and not all of the *how* be told. In fact the gist might be overlooked or omitted. But like most good things and essential, the answer is short and the directions explicit and easily understood. The answer is summed up in two words. Have you thought of them, doctor? What would your answer be? On first thought you might say diligence, or knowledge, or faithful perseverance, or kindness, or promptness, or fidelity, or goodness, etc. These are adjuncts, necessary in their places, but not the essential.

The good, it is said, are happy. In the Christian religion the sheet anchor is faith. The physician is expected to be good and have faith. These attributes are sorely tried at times, being fractured and stretched, but still he maintains them in passibly good condition.

The rich young man was good. He had kept the commandments from his youth up; but he lacked in one essential, and all was lost. So it is in the practice of medicine. If we lack in this one essential the chances are against us. We may get along in a sort of a way and do as well as somebody else, but that is not success.

In order to succeed we *must be clean*. Success is the reward of cleanliness. This does not apply to the surgeon more than to the practitioner of medicine. He should be clean in his purposes, desires and thoughts, but particularly in his person and practice. The time has passed when a doctor is known by his smell.

Willis P. King, the funny doctor of the Missouri valley, says when he was a boy there were three things known by their odor, viz.: a billy goat, a skunk and a doctor.

A man cannot hold a practice and be so careless with his teeth that his breath smells like a glue factory.

In order to have a healthy intelligent disposition he must bathe his body once or twice a week in pure water in order to free himself of excrementitious matter. His linen should be as often changed. The frequent use of soap, water and the nail brush adds to his armamentarium. The patients should be encouraged to do the same. If no other way, prescribe an ounce of boracic acid, and have them use a teaspoonful of the acid in enough water to bathe the whole body once or twice a week. The directions must be explicit—"the whole body"—or they may be like the old man in Arkansas the other day. The doctor asked him when he had bathed last. After studying a while, he said: "Doc, do you mean a gitten wet all over?" Yes, said the doctor. "Well, now, let me see," said the old gentleman, "it was in a scrimmage with the yanks on Bitter creek in 1861."

In order to cleanse our persons or patients the only agents *necessary* are water, fire and soap. These agents can be obtained at any house. No costly apparatus is necessary. Disinfectants in the ordinary treatment of wounds are relegated to the past. They are only necessary in the destruction of germs in effete and excrementitious matter.

The physicians and surgeons of to-day are once more, and everywhere in civilized countries, in cities, towns, hamlets and country places, practically on an even basis so far as curative agents are concerned. They are all studying nature more and relying on what she has so bountifully supplied for the necessities of man in health and disease. The difficulty with the medical profession has been in trying to improve upon or beat nature. It can't be done. We can follow her dictation and guide her in many ways, but when we begin to assume that we are the bigger she will have none of it, and then we blame the fatal result on God.

We conclude, then, that success in the practice of medicine depends upon cleanliness.

DR. FLAVEL B. TIFFANY, of Kansas City, Mo., has placed us under obligations for tablets and directions for measuring the magnified image of the fundus of the eye. They are convenient, time-saving and scientific. They are well worth the price asked, $1.00.

Treatment of Indigestion.

In the treatment of indigestion there is a great deal of foolish prescribing, as e. g. So many physicians are in the habit of prescribing the various bitters for their tonic effect, forgetting that the simple bitters, as a rule, are antiferments; and while they arrest fermentation and decomposition of food in the stomach they arrest the digestive fermentation as well. If the bitters are given in indigestion, the dose should be very small. In the prescribing of quiniæ, a great deal of harm has been done in preventing the digestion of food by giving regardless of the time of taking food, as it is a powerful antiferment and quickly destroys the digestive ferments, and should not be given at the time of taking or during the presence of food in the stomach. Very many cases of indigestion do not need medication, but are quickly improved by proper feeding.

Diphtheria.

We call the attention of the busy practitioner again, and beg of him that he will not prescribe the same dangerous drug—potass. chlorate—in diphtheria. It has but little to recommend it, and much to condemn it. It interferes with nutrition, lowers the blood pressure, favors destructive metamorphosis. It in common with the other potash salts is largely eliminated by the kidneys. Its irritant effects upon the kidney epithelium are disastrous, especially in a disease like diphtheria, where parenchymatous degeneration takes place so rapidly in all the organs. It should be our aim to use those agents that are restorative, to maintain the integrity of every part, and especially conserve the strength of the kidneys, whose eliminating function *must* be maintained if our diphtheritic patients live. The wise physician will study well the effects of every agent he uses, and not be a blind follower of blind leaders who drop their patients in the last ditch.

Chloroform Treatment of Pneumonia.

Dr. Theo. Clemens reports in a German medical journal his experience in the treatment of pneumonia by means of chloroform inhalations. During forty-two years' practice he has treated all cases of pneumonia, severe or mild, with chloroform inhalations. To the chloroform he adds alcohol, saturates some cotton twisted into a ball, covers it with some loose, dry cotton, and holds this within an inch of the patient's mouth or nose. He thinks that the chloroform vapor is taken up by the blood, completely changing it in the lungs, and by defibrinating prevents its hepatization.

Amick-ism.

We can hardly understand the policy of a secular paper which so interests itself in medical affairs as to conduct on its own account a series of test cases for the purpose of advertising a secret so-called consumption cure. Newspaper space is generally considered a valuable commodity, and when a newspaper devotes three or four pages to making notoriety for a physician we feel pretty sure that a good compensation is in sight. The New York *Recorder* in assuming the role of advance agent for the various consumption cure-alls in the country is doubtless doing a noble thing for itself; but the recent experiences have taught most of us that these waves of popular credence are most surely followed by a stronger wave of denunciation and ridicule.

How the Baby Grew.

"Uncle John," said little Emily, "do you know that a baby that was fed on elephant's milk gained twenty pounds in one week?" "Nonsense! Impossible!" exclaimed Uncle John; and then he asked: "Whose baby was it?" "The elephant's," said the little girl.

A New Disinfectant.

A German proposes to disinfect the Elbe and other rivers by means of electricity. He claims that electricity, passed through water properly, will destroy all bacterial life by the chemical change produced in it, and hence destroy all disease germs. It is possible before the dawn of the twentieth century every household will have an electrical apparatus, and before taking a drink of water squirt a few ohms into it. Ohm-y!

THE N. E. K. M. & P. Association will meet in Muscotah, Kansas, February 14, 1893, at 9 o'clock A. M., in Masonic hall.

PROGRAM.

Address of Welcome.—L. N. Plummer, M.D., Muscotah.

A Mistake in Diagnosis with Report of a Case.—S. M. Riggs, M.D., Muscotah.

Inflammation.—S. E. Sheldon, M.D., Topeka.

Complications of Indigestion.—Joseph Haigh, M.D., Grenada.

Modern Methods of Treating Gastric and Intestinal Indigestion.—D. F. Fitzgerald, M.D., Wetmore.

Discussion opened by J. T. Scott, M.D., Holton, and J. W. Graham, M.D., Wetmore.

WE most sorrowfully record the death of Dr. D. F. Dickman, of Ft. Scott, editor of the *Kansas Medical Catalogue* and president of the State Society. Dr. Dickman was a man most deserving of the honors he received at the hands of the profession, though he has for some years past been prevented from taking a very active part by failure of health. His election to the presidency of the State Society was a just recognition of his many services to the profession of the state.

WE are glad to announce that Dr. M. B. Ward, professor of gynecology in the Kansas Medical College, has entirely recovered from his serious illness, and is at his post of duty.

A Schoolboy on Bones.

The following essay on bones was actually written for a school exercise by a boy. It may be found helpful as an introduction to the science of osteology (*The Hospital Gazette*): "Bones are the frame-work of the body. If I had no bones in me I should not have so much motion, and grandmother would be glad; but I like to have motion. Bones give me motion because they are something hard for motion to cling to. If I had no bones, my brains, lungs, heart and large bloodvessels would be lying around in me, and might get hurted, but now the bones get hurted, but not much, unless it is a hard hit. If my bones were burned, I should be brittle, because it would take the animal out of me. If I were soaked in acid, I should be limber. Teacher showed us a bone that had been soaked. I could bend it easily. I would rather be soaked than burned. Some of my bones don't grow close to my body, snug, like the branches of a tree, and I am glad they don't, for if they did I could not play leap-frog and other nice games I know. The reason they don't grow snug to my body is because they have joints. Joints is good things to have in bones. There are two kinds. The ball and socket, like my shoulder, is best. Teacher showed it to me, only it was the thigh-bone of an ox. One end was round, smooth and whitish. That is the ball end. The other end was hollowed in deep. That is the socket, and it oils itself. It is the only machine that oils itself. Another joint is the hinge joint, like my elbow. It swings back and forth, and oils itself. It never creaks like the school-room door. There is another joint that don't seem like a joint. That is in the skull. It don't have no motion. All my bones put together in their right places make a skeleton. If I leave any out or put any in their wrong places it aint no skeleton. Cripples and deformed people don't have no skeletons. Some animals have their skeletons on their outside. I am glad I aint them animals, for my skeleton, like it is on the chart, would not look well on my outside."

Surgical Anatomy of Inguinal and Femoral Hernia.

BY D. F. RODGERS, M.D., TOPEKA, KANSAS,
PROFESSOR OF ANATOMY IN THE KANSAS MEDICAL COLLEGE.

In offering this article for the consideration of the reader, it is not my purpose to give in detail the surgical anatomy of the above forms of hernia, but only to present some salient points.

To have a clear conception of what a hernia is, we must know the anatomy of the parts involved; not only as regards their usual relations, but also their peculiarities of arrangement. In both inguinal and femoral hernia we have three structures common to each, viz., skin, superficial fascia and peritoneum, and considering that every hernia has six coverings we have three structures peculiar to each kind. For instance, an oblique inguinal will have, in addition to the three common coverings, infundibular fascia, cremaster muscle and intercolumnar fascia; a direct inguinal will have transversalis fascia, conjoined tendon and intercolumnar fascia; a femoral will have septum crurale, fascia propria and cribriform fascia. We have then in all forms five distinct coverings to pass through from without inward to encounter before reaching the sac or peritoneal covering of the protruding viscus. Knowing the proper position of these coverings, and being able to recognize their peculiar structure, they will serve as landmarks, directing us in a safe course to overcome the various complications that arise in relieving the incarcerated intestine. After having a clear idea of the coverings of a hernia, we should consider the structures normally within the canal, and the structures anterior, posterior, internal and external to the canal. Taking first the consideration of oblique inguinal hernia, we have in the inguinal canal in the male the spermatic cord with its component parts, in the female the round ligament. Any other structure found in the canal then we know is without its proper limits, except perhaps some subserous areolar tissue usually found at the upper part of the canal and sometimes considered as a covering of an oblique inguinal hernia. Anterior to the canal, in addition to the coverings named, we find the superficial external pudic artery crossing the cord near the external ring. A little external and almost over the internal ring is the superficial epigastric artery. Just below the external ring is the deep external pudic. Passing behind the inguinal canal is the deep epigastric artery, which ascends inwards towards the umbilicus on the inner side of the internal ring. This form of hernia, then, is sometimes called external inguinal from the fact of the viscus passing out of the abdomen, external to the epigastric artery, in contradistinction to direct or internal inguinal hernia where the viscus passes through a part of the abdominal wall internal to the artery. The external wall of the inguinal canal presents only fibers of the internal oblique and transversalis muscles.

We have spoken of the internal and external rings. Where are they, and what is their structure? The internal ring is situated midway between the anterior superior spine of the ilium and the symphysis pubis, and about half an inch above Poupart's ligament, is oval in form and bounded above and externally by fibers of the transversalis muscle, below and internally by the epigastric vessels. The infundibuliform fascia projects from its circumference around the spermatic cord and forms one of the coverings of an oblique hernia. The external ring, so-called, is an oblique triangular opening just above and to the outer side of the crest of the pubes; it is about an inch long and a half inch wide, and is formed by the separation of the lowest part of the tendon of the external oblique muscle into two bands of fibers, the upper band passing to the symphysis pubis and the lower extending from the anterior superior spine of the ilium to the spine of the pubes, and constituting Poupart's ligament. The outer and minor margins of the ring are the pillars or columns. Between the columns stretches the intercolumnar fascia which forms one of the coverings of an inguinal hernia.

Having considered the anatomical structures, common to both femoral and inguinal hernia, and the anatomical structures, peculiar to inguinal hernia, we will pass to the consideration of the surgical, or, rather, pathological anatomy of the various forms of inguinal hernia, then take up the pathological anatomy of femoral hernia.

Inguinal hernias are either congenital or acquired. For a proper conception of the congenital form we should bear in mind that when the testical passes into the scrotum during the latter months of intra-uterine life it carries with it the tunica vaginalis, the upper part of which at the internal ring usually closes. Sometimes, however, it fails to close, and this failure makes a congenital hernia possible, and the viscus descends into the cavity of the tunica vaginalis, and lies in contact with the testis, consequently has no proper sac. The failure of the tunica vaginalis to close at its upper part does not necessarily give rise to a hernia, for there are instances where it was found patulous in the adult and yet no hernia presented.

Acquired inguinal hernia may be oblique or direct. The oblique form is the most common. Entering the abdominal wall at the internal ring, external to the epigastric artery, it pushes a fold of the peritoneum before it, forming its sac, and follows the course of the inguinal canal, anterior to the spermatic vessels, and is complete if it passes the external ring, incomplete if it remains in the canal. Its sac contains either the omentum or intestine, or both. It will be reducible or irreducible, depending upon whether the viscus can be returned to the abdominal cavity or not. A direct inguinal hernia does not follow the course of the cord, but passes through the abdominal wall internal to the epigastric artery, and usually does not enter the inguinal canal, but passes through the external ring, and lies internal to the spermatic cord. This form of hernia pushes the conjoined tendon before it, this structure forming one of its coverings. It may, however, pass either to the outer side of the tendon or force its way through its fibers. In the former case it will have the same coverings as an oblique hernia, in the latter the infundibuliform fascia will be replaced by the fascia transversalis.

The fact that this form of hernia is invested with the strong unyielding conjoined tendon makes strangulation more liable.

Femoral hernia is always acquired, and may be complete or incomplete. It is complete when it passes through the saphenous opening, incomplete when it remains in the femoral canal. Its relations are quite as complicated as important. A femoral hernia escapes from the abdominal cavity through the femoral ring, which is situated about half an inch below the inner third of Poupart's ligament. The long diameter of the opening is vertical and its opening into the canal looks inward, a point of importance in the reduction of a femoral hernia by taxis. The ring is bounded in front by the femoral arch and fascia transversalis, behind by iliac fascia, internally by Ginbernat's ligament, externally by the partition which separates it from the vein. Above and to the outer side of the ring is the epigastric artery, and in about every fourth person a branch of the obturator artery will be found either in this locality or passing immediately behind the ring. The spermatic cord in the male and the round ligament in the female lie just above the anterior margin of the ring. The femoral canal is very short, and its boundaries are practically the same as those of the femoral ring. It is the innermost compartment of the three into which the femoral sheath is divided. The saphenous opening is the point at which the canal terminates, and a hernia passing out at this point is turned upward on account of the narrowing of the sheath and its close attachment to the margin of the opening. There is then an anatomical reason why taxis for the reduction of a femoral hernia should be downward and then upward.

"WELL, I swan, Billy," said an old farmer to an undersized nephew who was visiting him, "when you take off that 'ere plug hat and spit two or three times there aint much left of you, is there?"

The Antiseptic Intra-uterine Injections After Labor..

Keifer, writing upon the above subject (*La Presse Medicale Belge*), condemns the use of the antiseptic intra-uterine injections after a normal labor, basing his argumentation in that such a procedure hinders a physiological hæmostasis; destroys an element that may prevent relaxation of the uterus; diminishes the vital resistance of the injured tissues; lets in air that may itself be an origin of infection, and introduces pathogenic germs with the sound, notwithstanding the greatest precautions. These arguments, the author believes, are sufficiently strong to reject, through principle, the intra-uterine injections after normal accouchement. All physiological phenomena occur in a healthy individual without therapeutic interference, and it is folly to endeavor to combat an enemy that does not exist. It is no more reasonable to wash out the uterus after a physiological delivery than it is to apply injections after each menstruation or to douche the urethra after each ejaculatory act. The non-occurrence on the other hand of any accident after the uterus has been washed out is no conclusive proof of the efficacy or innocuousness of the injections; but a positive fact, and which cannot be denied, is the poisoning, the condition of syncope which may be produced in the most normal cases, and where the injections are manifestly the cause.—*Therapeutic Gazette.*

The Combined Iodides in the Treatment of Syphilis, Especially of the Nares.

In the July number of the *Revue de Laryngologie, d'Otologie, et de Rhinologie*, Dr. G. Darzens advocates a combination of the iodides of potassium, sodium and ammonium in cases of urgent specific disease where the prompt effect of the iodide is highly desirable. In a man of thirty-seven, with severe syphilitic lesions of the nasal fossa, who had been vainly treated by large doses of iodide, as well as other antisyphilitic remedies, he gave small doses of each of the three iodides and biniodide of mercury, and obtained a most satisfactorily rapid impression without iodism or other unfavorable symptoms. He explains the result upon the idea that the other salts are eliminated more rapidly and the potassium iodide thus retained in the system until the others have disappeared, claiming that the kidneys excrete a limited proportion of any such salt and tend to retain the urine at approximately the same specific gravity. The intolerable headaches disappeared in a week, and the nasal lesions and dacryocystitis were practically cured in six weeks.—*Therapeutic Gazette.*

Prostatitis Caused by Cycling.

An interesting paper, dealing with the association of prostatitis and bicycle riding, was read at a recent meeting of the Louisville Medico-Chirurgical Society, by Dr. J. W. Irvin. The author said that within the last eighteen months five cases of prostatitis had come under his notice, the cause of which could be distinctly traced to the pressure by the saddle of the bicycle on the prostate gland. Four of the patients were past middle age, and the other was a boy. The symptoms commenced after riding the machine for a few hours. The act of micturition was accompanied with a feeling as though the vesical end of the urethra was raw. Inordinate and persistent priapism followed, coming on at short intervals and lasting three or four days. Some dull pain was felt in the testes. There was no discharge from the urethra at first, but after two or three days a little moisture would ooze out of the meatus urinarius. The discharge was thin and colorless.—*N. Y. Med. Record.*

In cases of musculo-spiral paralysis in fracture of the humerus, Murray advocates resection of the callous and resetting the bone. Ninety cases are so far reported by Burns and others, and a large majority of the cases were cured.

The Remedial Use of Apples.

Chemically, the apple is composed of vegetable fiber, albumin, sugar, gum chlorophyl, malic acid, gallic acid, lime and much water. Furthermore the German analysts say that the apple contains a larger percentage of phosphorus than any other fruit or vegetable. The phosphorus is admirably adapted for renewing the essential nervous matter, lecithin of the brain and spinal cord. It is, perhaps, for the same reason rudely understood that old Scandinavian traditions represent the apple as the food of the gods, who, when they felt themselves to be growing feeble and infirm, resorted to this fruit, renewing their powers of mind and body. Also, the acids of the apple are of singular use for men of sedentary habits, whose livers are sluggish in action, those acids serving to eliminate from the body noxious matters, which, if retained, would make the brain heavy and dull, or bring about jaundice or skin eruptions and other allied troubles. Some such an experience must have led to our custom of taking apple sauce with roast pork, rich goose and like dishes. The malic acid of ripe apples, either raw or cooked, will neutralize any excess of chalky matter engendered by eating too much meat. It is also the fact that such rich fruits as the apple, the pear and the plum, when taken ripe and without sugar, diminish acidity in the stomach, rather than provoke it. Their vegetable sauces and juices are converted into alkaline carbonates, which tend to counteract acidity.—*North American Practitioner.*

Medical Progress.

At a recent meeting of the Practitioners' Society of New York, at the Academy of Medicine, a discussion took place between the prominent physicians present on the question of a milk diet in continued fevers. It was the general opinion of Drs. Beverly Robinson, A. H. Smith, Robert Abbe and W. H. Polk that an exclusive milk diet in typhoid, as was so generally advised by doctors, led to much harm. They all thought that such a diet prolonged the fever, and all reported cases in which convalescence at once set in on giving solid food. The objection brought up against milk was that it fermented and irritated the existing ulcers. It was shown that solid foods, if properly prepared, were not solid after leaving the stomach, and were in no condition, upon reaching the ilium, to irritate typhoid lesions. They claimed that a patient on a milk diet was hungry, and that hunger itself, being a form of pain, kept up the temperature; but that solid food, properly given, relieved this pain, hence lowered the temperature. It was mentioned that in former days a patient who was to have his abdominal cavity operated upon was restricted to a milk diet for two days before and for ten days after the operation, and that often disastrous results, which were attributed to shock and sepsis, were due to inanition. The foods that were suggested as a substitute for milk were stale bread, scraped meat, baked potatoes, bouillon, fermented milk, beaten egg, wine jelly and junket.—*Medical Age.*

LITTLE THINGS.

S.M.D., scientific medical doctor, is said to be superior to plain M.D., and is suggested by the French minister of public instruction.

ACCORDING to the census report, one-fourth of the married women in Suffolk county, Massachusetts, are childless, and one-fifth of the married women in the state at large.

HUNTER, of Edinburgh, has been treating pernicious anæmia with B. naphthol on the principle that it is due to toxic bodies originating in the alimentary tract. The antiseptic treatment has been successful.

THE peroxide of hydrogen by some is claimed to be a specific in the treatment of gonorrhœa in its early stage. It should be used full strength and be retained in the urethra at least five minutes. From six to eight injections should be used during the day, and free diuresis be maintained.

Treatment of Malaria by Methylene Blue.

Huddleston reports in the *Medical Record* for August 13, 1892, the results obtained by him in the treatment of three sisters, aged ten, seven and five years, who were suffering from tertian malarial fever. The chill was severe enough to cause general shaking and chattering of the teeth, and occurred usually at 9 A. M., being followed by a fever and a sweat.

The children were Russian Poles. The characteristic hæmatozoon was found in the blood of the older child, but not in that of the others.

Methylene blue was administered in the dose of 1½ grains in capsule every three hours to the oldest child. To the one aged seven, every four hours; to the one aged five, every five hours. This treatment was continued regularly for four days, except that the medicine was not given at night when the children were asleep. The temperature was taken at noon daily, and continued normal, excepting on the second day, when the second child had a temperature of 100° F. with no other symptom. The urine, colored blue, was passed without any difficulty, and in sufficient amount in every case. Examination of the sediment gave a negative result. All medicine was stopped after the fourth day; the blood was again examined and nothing abnormal noted. Since then there has been no relapse.—*Therapeutic Gazette.*

BAD air tends to develop pulmonary troubles more than exposure. Persons who have weak lungs or a phthisical history should be particular to wear loose clothes enough to keep them warm, have their sleeping room thoroughly ventilated, and take plenty of out-door exercise. Pure air and plenty of sunshine in the room and let the patient take moderately deep inhalations and exhalations, ten to fifteen at a sitting, three times a day, is good preventive treatment for pulmonary troubles.

A Letter.

OMAHA, NEB., January 25, 1893.

To the Kansas Medical Journal:

GENTLEMEN.—And still Omaha has had another addition to her industrial forces, the latest being an extensive pharmaceutical laboratory that gives promise of prodigious trade. And this reminds me that just now Omaha has pretty good reasons for thinking extremely well of herself. Her record for the year just closed has been one of uninterrupted and substantial growth in every branch of industry and artery of commerce. She is steadily and surely forging ahead, and is undisputed in the title of the commercial metropolis of the Missouri valley. She is also rapidly becoming a great industrial center, as is manifest in the large increase of our mills, our manufacturies and packing houses.

This is but the natural sequence to the general healthy status of business and professional affairs. As the city increases in population and grows in importance as a great distributing point, her necessities also augment and she is straining every fiber and sinew to meet all demands that are calculated to further her advance and prosperity. Capitalists and investors, desirous of instituting new enterprises, meet at the hands of Omaha, every species of legitimate encouragement, even to the bestowal of substantial donations. This latter inducement, however, it is flattering as well as pleasing to note, is not characteristic with the progressive west. Energy, nerve, competency and honest intent need but little assistance here other than that naturally inherited by merit.

The medical profession is in a most flattering and vigorous condition in the west, and there can be found but few members of the fraternity but who feel a justifiable pride in the Missouri Valley Medical Association. It is a most flourishing organization, and *appropos*, had its inception and formation here and in Council Bluffs. It has grown into an immense affair, affording ample testimony of the success of our enterprises. By the way, this association meets at St.

Joe, March 16th, and as much matter of general interest will come up, a full attendance will be present. It is hoped that the meeting following this will be held in Topeka. The rapid growth of the Missouri Valley Medical Association only shows that in the west every interest, whether it be of a professional or mercantile nature, is generously nurtured and warmed into active adult life. The most eminent characteristic of our business men is their ardent interest in everything pertaining to the general welfare of the whole. They recognize the power of money and know its potency in the work of creating great cities and prosperous surroundings. Their one idea, intent and purpose is to build up the west until it reaches an altitude in the commercial realm second to no section of the world. This is clearly demonstrated by the reception that awaits every individual, or set of individuals, who evinces a desire to be in and a part of all this marvelous growth, activity and prosperity.

So far as the city of Omaha is concerned, she is indisputably one of the most puissant factors in all the recent impetus given to the general trade in this section of the country. Demand and supply, progress and prosperity are graven in indelible letters on her escutcheon; are the watch-words which guide and guard, uniting in the promotion and exchange of so much general usefulness. It populates, builds up and broadens her sphere of doing good.

A notable feature of the city's progress during the past twelve months is the enlargement of the plants of the great packing houses, which will, within the next eighteen months, make Omaha second to Chicago only as a pork-packing center. The product of the great Cudahy Company alone last year in beef extract was 236,300 pounds, and in pepsin, 31,683 pounds, sufficient to supply the medical requirements of many states.

The amount expended for buildings erected and improvements made during the period mentioned will aggregate fully $8,000,000, of which sum nearly $7,000,000 represents the costs of new buildings, including paving and city improvements, and another million in the expenditures of corporations.

It is most gratifying to note that with the increase of new industrial enterprises the manufacturing chemists have kept pace with the evolution of the day, and why should they not, considering the unbounded resources offered them in the west? A new pharmaceutical laboratory has been established here. It is styled The Mercer-Whitmore Company, and is a solid affair, being composed of such well-known capitalists, professional gentlemen and experienced manufactures as Dr. S. D. Mercer, Dr. B. T. Whitmore, formerly of Parke, Davis & Co.; E. W. Nash, secretary of the Omaha & Grant Smelting Works, the largest in the world; George W. Mercer and the Hon. J. W. Deweese. They have a staff of practical pharmaceutical savants, secured from the old-established laboratories of the east, at the head of each department, and I feel safe in claiming that even in its infancy that it is one of the most thorough and complete laboratories in the country.

Such an enterprise with so much backing and such a force of practical chemists, located at the very focus of the most flourishing region in the United States, should and most certainly will receive the most substantial patronage and support. Dr. Whitmore is a member of the American Medical Association and several Kansas medical societies, of large experience in pharmaceutics and well known in national medical circles.

I must touch upon a feature of the local profession before closing, and that is its utter harmony. There are none of the small jealousies, rivalries and bickerings observable among the doctors here, so apparent in most large cities. They affiliate like one big happy family, hold frequent friendly intercourse with each other, are prone to consult, advise and confer with one another, and, on the whole, constitute a phenominally exemplary fraternity. There are many bright particular stars among them, not only in the mysteries of materia medica, but in the social world, and compares favorably with the greatest operations in the large cities in their success in surgery and medicine.

VICTOR H. COFFMAN, M.D.

A New Job Office.

The office of the journal is now fully equipped for all kinds of job work. The man in charge is conversant with medical terms, and anything in this line you want will be furnished in satisfactory shape and at a price you can afford. We can print anything you want, whether it be a professional card or a book. Letter-heads will be gotten up for you in a neat and modest style that you need not be ashamed of. Statement blanks, with your name, etc., in books or blocks. We are now preparing a combination case record and visiting list that will lead the procession. Write to us for prices, etc.

KANSAS MEDICAL JOURNAL,
723 Kansas Avenue,
Topeka, Kansas.

Impure Bromides.

Helbing's Pharmacological Record has an important statement concerning the undue proportions of potassium chlorate that are found in the bromides. An examination made by Helbing and Passmore show that it is a serious matter to buy the potash salt at the present time without having it carefully analyzed as to the percentage of chlorides it may contain. The importance of purity in a drug of this nature is very great, and will receive the earnest heed of neurologists everywhere.—*Journal American Medical Association.*

[Peacock's Bromides are of known purity, and should be used when bromides are indicated, as they are the only preparation of chemically pure Bromides on the market.]

The Delirium of Fevers.

Neurosine excells the so-called coal-tar products in quieting the delirium of fevers with absolutely no deleterious effects upon the stomach or depressing action upon the heart.

Asthma.

The addition of five grains of iodide of potash to one drachm of neurosine will effect surprising results in asthma and often cure permanently if persevered with for a sufficiently long period.

DR. W. F. SHARRER says: "I have been prescribing the Three Chlorides, R. & H. It has fully met my anticipations, and, in fact, some very fine cases. I have been agreeably surprised at the beneficial results obtained where iron in almost all forms has been rejected by the patient. The Three Chlorides has been well borne by the most delicate stomach, and I can only say that I am a firm friend of the Three Chlorides, R. & H.

"P. S.—Time and space does not permit me to enumerate the many conditions of the system in which I have found the Three Chlorides beneficial.

"Delphi, Ind., April 22, 1892."

Report of Topeka Board of Health.

(Population 32,000.)

REPORT FOR MONTH OF JANUARY, 1893.

DEATHS.

Heart disease	2
Diphtheria	1
Pleuro-pneumonia	2
Typhoid fever	1
Chronic bronchitis	1
Morphine poisoning	1
Typhoid pneumonia	2
Bright's disease	3
Meningitis	2
Inflammation of bowels	1
Diarrhœa	1
Children under 5 years of age	6
Total	23

Average, 1 to 1,400 of population.

L. M. CARTER, *Sanitary Sergeant.*

Phenacetine in the Treatment of Pneumonia.

Practitioners, who are the most conservative in their views concerning the medication to be employed in acute imflammatory fevers and especially unite in deprecating the use of heart depressants, show a preference for Phenacetine as an antipyretic. At the meeting of the American Medical Association in June last, Dr. Bailey said that Phenacetine "could be safely used as an antipyretic in pneumonia," and pronounced it to be "as efficient as the external application of cold water, and no more depressing to the heart." In this same discussion, Dr. Beatty said: "Phenacetine is not objectionable as an antipyretic, because it does not affect the heart unfavorably." Dr. Beatty, by the way, believes that in pneumonia venesection is never indicated. He says that sedatives are only exceptionably required in pneumonia, and gives the preference to Phenacetine when such medication is indicated. He employs the same remedy in the treatment of the pneumonias of the aged, advising its use in moderate doses when the temperature rises above 102°. As cardiac tonics, he entertains a preference for quinine, strychnine or sparteine, to be administered as needed. Other writers cite the excellent effects of Phenacetine in quieting the pain and restlessness of pneumonia, and in inducing that condition of gentle diaphoresis which promotes refrigeration, and is thought by some observers to hasten resolution. Cases of pneumonia are reported in which, when gastric or rheumatic symptoms were present, the remedy was advantageously united to Salophen, the new antirheumatic.

Hysteria.

℞

Antikamnia.....℥ ss
Alcohol.....℥ i
Elix. ammon. valiran ad...℥ vi

M. Sig.: One teaspoonful three times a day.

Thiol in Infantile Therapeutics.

Dr. Moncorvo has employed this new antiseptic agent in more than one hundred infantile cases for the purpose of diminishing suppuration and for the removal of cutaneous growths, either of parasitic origin (tinea tonsurans, favus, pityriasis, etc.) or dependent upon general dyscrasia (tuberculosis, syphilis, etc.) Thiol may be used with equal efficiency in the dry form (thiol powder), pure or rubbed up in vaselin (5 to 10 per cent.), or in liquid form, pure or diluted with boiled sterilized water.

The topical use of thiol was never followed by the least untoward local or general effect. The therapeutical effect was satisfactory in every case. It was used, without fear of danger, on the youngest children. (The author has used thiol in the treatment of erysipelas and lymphangitis in adults with the greatest success.—*The Satellite.*

Tonic in Painful Atonic Dyspepsia.

℞

Antikamnia.....℥ iss
Tinct. nucis vom.....℥ i
Tinct. gentian comp.....℥ ii
Syr. sarsap. comp.....℥ iv

M. Sig.: One teaspoonful three times a day after meals; or—

℞

Antikamnia.....grs. lxxii (72)
Extr. nucis vom.....grs. vi
Extr. gentian.....grs. xii
Quin. muriat.....grs. xxxvi
Pulv. aloes.....grs. ii
Extr. belladonna.....grs. iss

M. Ft. Pil. Num. xxiv.
Sig.: One three times a day.

THE Kansas City *Medical Index* has a new dress, and it fits well and is becoming. Red never does go well with a light complexion, and we congratulate the fair-skinned editor on his good taste.

For Cough.

℞

Antikamnia		℥ i
Salol		
Quin. sulph	aa	grs. xx
Spts. frumenti		℥ iii
Syr. tolutan		℥ i
Syr. simplex	q. s.	℥ vi

M. Sig.: One teaspoonful every hour until cough is relieved.

THE usefulness of good Hypophosphites in pulmonary and strumous affections is generally agreed upon by the profession. We commend to the notice of our readers the advertisement on page 2 of this number. "Robinson's Hypophosphites" also "Robinson's Hypophosphites with Wild Cherry Bark" (this is a new combination and will be found very valuable) are elegant and uniformly active preparations; the presence in them of quinine, strychnine, iron, etc., adding highly to their tonic value.

Moullin's Surgery.

A new edition of Moullin's Surgery, revised by Dr. John B. Hamilton, is announced by P. Blakiston, Son & Co.

Moullin's Text-Book on Surgery has been recommended for use in many of the leading colleges, and is generally considered one of the most valuable works in this line extant.

International Clinics.

We have just received three volumes of the second series of International Clinics.

These are made up of selected lectures and clinics by the most prominent men in the profession, and forms one of the most valuable collections of medical literature one can secure. It embraces lectures upon medicine, neurology, pediatrics, surgery, genito-urinary surgery, gynecology, ophthalmology, laryngology, otology and dermatology, and is in charge of an able corps of editors.

Among the numerous contributors to the second series, we notice Drs. John Ashurst, Jos. L. Bauer, H. C. Coe, J. Nevins Hyde, W. H. Porter, W. Allen Starr and many other men of prominence. These works are a valuable addition to a medical library, both for reference books and to supply interesting and instructive reading for leisure hours. Each article presents the deductions from the author's original research upon a special subject, and there is no rehash of old facts or disputed theories.

Published by J. B. Lippincott & Co., New York.

International Medical Annual.

The International Medical Annual for 1893 has just been announced. The list of prominent men among the editors and contributors speaks well for the merit of the work. It is intended for a general reference book for the practitioner, and as such we can heartily commend it to our readers. The previous editions have been highly appreciated, and if this, as we predict it will be, is an improvement upon the others, there is no question but it will meet the wishes of the physician and the anticipations of the publishers. It is published by E. B. Treat, 5 Cooper Union, N. Y. Price, $2.75.

THE PHYSICIAN'S VISITING LIST, published by P. Blakiston, Son & Co., Philadelphia, Pa.

The new U. S. Pharmacopœia, 1890, which will be published in 1893, adopts the Metric system of weights and measures. In order to meet this, a very complete table of the doses of all drugs in both the English and Metric systems is contained in this edition.

A superior pencil with rubber tip, made for this purpose only by the Dixon Co., accompanies each copy. It is arranged for 25, 50, 75 and 100 patients per day or week, dated and undated, with or without interleaves for special memoranda.